

CITY OF LAKE FOREST VACATION HOME CHECK

AUTHORIZATION; DISCLAIMER, LIMITATION OF LIABILITY:

I HEREBY AUTHORIZE CITY PERSONNEL TO ENTER PROPERTY FOR THE PURPOSE OF INSPECTION OF THE PREMISES FOR UNWANTED AND/OR SUSPICIOUS ACTIVITY FOR THE PERIOD INDICATED BELOW.

I UNDERSTAND AND AGREE THAT THE VACATION HOME CHECK SERVICES ARE PROVIDED BY THE CITY ON AN "AS AVAILABLE" BASIS WITHOUT GUARANTEES OR WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED. UNDER NO CIRCUMSTANCES SHALL THE CITY, ITS AGENTS, OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS, BE LIABLE TO ANY PARTY OR ANY PERSON OR ENTITY FOR ANY COSTS, EXPENSES, LIABILITY, LOSS, DAMAGE OR INJURY, IN LAW OR EQUITY, TO PROPERTY OR PERSONS, ARISING OUT OF OR INCIDENT TO THE PERFORMANCE/NONPERFORMANCE OF THE VACATION HOME CHECK SERVICES.

NAME: _____ SIGNATURE: _____ DATE: _____

RESIDENT(s) NAME: _____

ADDRESS CHECKED: _____

street address

city

zip code

PHONE #: _____ CELL. #: _____ E-MAIL: _____

CROSS STREETS: _____

BEGINNING DATE: _____ TIME: _____

ENDING DATE: _____ TIME: _____

CIRCLE Yes or No

1. Anyone else checking residence? Yes / No

Do they have a key? Yes / No

2. Any gardeners / cleaning people?: Yes / No

3. Any pets left at residence? Yes / No

4. Any vehicles left in driveway? Yes / No

5. Was mail / newspaper stopped? Yes / No

6. In a gated community? Yes / No

7. An alarm company to contact? Yes / No

Name: _____

Contact #: _____

Person(s): _____

Days of week: _____

Person(s): _____

Days of week: _____

Care giver: _____

Contact #: _____

Make: _____ License: _____

Make: _____ License: _____

Entry code: _____

Company: _____

Contact #: _____

8. What do you want done if a package is left? _____
9. Is the gate to the back yard locked? Yes / No _____

ADDITIONAL INFORMATION:

LOCAL / EMERGENCY CONTACT: _____ **PHONE:** _____

ADDRESS: _____ **Has key:** Yes / No

NOTICE: Your vacation check will end on the return date given. If you return early, or if an extension or change is required; notify the Lake Forest Police Services at (949) 461-3530

SCAN & EMAIL TO: cmccconnell@ocsd.org or FAX to 949-461-3549 “ATTN: Chelsea McConnell”

FOR CITY USE ONLY

RECEIVED BY: _____ **DATE:** _____